



**CITY OF TUALATIN**  
18880 SW Martinazzi Avenue  
Tualatin, OR 97062  
(503) 692-2000  
FAX: (503) 692-0147  
Inspection Requests: (503) 691-3040

## APPLICATION FOR MEDICAL GAS PERMIT

Permit Number	_____
Date	_____
Paid	_____
Date Issued	_____
Receipt Number	_____
By	_____

Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Building No: \_\_\_\_\_ Suite No: \_\_\_\_\_ County: \_\_\_\_\_

Site Tax Map Number(s): \_\_\_\_\_ Tax Lot(s): \_\_\_\_\_

Description and Location of Work on Premises: \_\_\_\_\_

Estimated Date of Completion/Inspection: \_\_\_\_\_

Plumbing Contractor Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Value: \_\_\_\_\_

Formula:  $\text{value}/1000 \times 6.9 + 37.45 = \text{permit fee}$  (minimum fee = \$105.00)

Plan Review = 65% of permit fee: \_\_\_\_\_

Fire/Life Safety fee = 40% of permit fee: \_\_\_\_\_

State Surcharge = 12% of permit fee: \_\_\_\_\_

**TOTAL:**

--

### **MEDICAL GAS SYSTEMS**

Number of Outlets: \_\_\_\_\_

Types of Gases: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

System Level (*check one*): ☐ 1 ☐ 2 ☐ 3 ☐ 4

Number of Cylinders: \_\_\_\_\_

### **MEDICAL VACUUM SYSTEMS**

Number of Outlets: \_\_\_\_\_

Number of Vacuum \_\_\_\_\_

Dumps: \_\_\_\_\_

### **MEDICAL/DENTAL AIR SYSTEMS**

Number of Outlets: \_\_\_\_\_

Number of Compressors: \_\_\_\_\_

### **WASTE ANESTHETIC GAS DISPOSAL SYSTEM**

☐ Yes ☐ No

### **SYSTEM VERIFICATION BY THIRD PARTY REQUIRED**

☐ Yes ☐ No

### **THIRD PARTY DOCUMENTATION REQUIRED**

☐ Yes ☐ No

Permit approved by: \_\_\_\_\_ Date: \_\_\_\_\_